FILE NOW: FILING FEE IS \$61.25

HAVANA FL

CITY-ST-ZIP

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 JAN 13 AM 11: 22 DOCUMENT # (3) N00472 SECRETABLE OF STATE ALLAHASSEE, FLORIDA PRAYER & HEALING TEMPLE INC. Principal Place of Business Mailing Address 409 3RD ST. SE 409 S.E. 3RD \$T. 3. Date Incorporated or Qualified HAVANA FL 32333 HAVANA FL 32333 12/19/1983 4. FEI Number Applied For 59-2364224 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional Ø 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Added to Fees 22 27 Trust Fund Contribution City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes ☐ No 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Zip Country Zip 24 29 30 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ROBINSON, CHRISTINE M 82 Street Address (P.O. Box Number is Not Acceptable) 409 3RD ST. SE HAVANA FL 32333 **B3** 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE ☐ Change TITLE 1.1 TITLE ☐ Addition ROBINSON, JIM R NAME 1.2 NAME 409 SE 3 ST STREET ADORESS 1.3 STREET ADDRESS HAVANA FL CITY-ST-ZIP 1.4 CITY-\$T-ZIP DELETE Change Addition EVD TITLE 2.1 TITLE ROBINSON, CHRISTINE NAME 2.2 NAME 409 3RD ST. S.E. STREET ADDRESS 2.3 STREET ADDRESS HAVANA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP 100002398231--01/13/98--01053--001 3.1 TITLE DELETE Addition TITLE HARDY, JIMMY NAME 3.2 NAME RT 2 BOX 123-C 3.3 STREET ADDRESS STREET ADDRESS *****70.00 *****70.00 QUINCY FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ROBINSON, JACQUELINE(SIS 4. 2 NAME NAME 409 3RD ST. S.E. STREET ADDRESS 4.3 STREET ADDRESS HAVANA FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE HERMON, MAE HELEN (REV) NAME 5.2 NAME RT 2 BOX 123-C 5.3 STREET ADDRESS STREET ADDRESS **QUINCY FL** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE ROBINSON, CHRISTINE EVD NAME 6.2 NAME 409 3RD ST SE 6.3 STREET ADDRESS STREET ADORESS

6.4 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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